SENDER: <i>Complete this section</i> 5-00-016 a				COMPLETE THIS SECTION ON SELVESYS. Filled 12/23/15 Page 1 of 1						
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 				B. Received by (Printed Name) C. Date of				☐ Agent ☐ Addressee Ite of Delivery	•	
Complaint Bureau NYC Dep't of Investigation 80 Maiden Lane New York, NY 10038			If YES, enter delivery address below:							
			☐ Req	e Type tifled Mail gistered ured Mail	Express Ma		Merchandise	<i>;</i>		
				4. Restricted Delivery? (Extra Fee)				□ Yes		
	Article Number (Transfer from service label)	7007	0220	0004	7514	7396	· -			
S	Form 3811, February 2004	Do	mestic Reti	ern Recelpt			102	2595-02-M-1540		